

VIRGINIA FAMILY PLANNING DEMONSTRATION

FACT SHEET

Name of Family Planning Section 1115 Demonstration: The Virginia Family Planning Medicaid Expansion Project

Date Proposal Submitted: December 17, 1999

Date Proposal Approved: July 22, 2002

Date of Implementation: October 1, 2002

PROGRAM SUMMARY

The primary objective of the demonstration is to reduce State and Federal maternity care expenditures by reducing the number of births resulting from unintended pregnancies. To accomplish this goal, a comprehensive set of family planning and related services will be made available to postpartum women who would otherwise lose eligibility for Medicaid.

As of 1997, there were an estimated 1,549,105 women of childbearing age (15-44) in Virginia. There were 125,071 total pregnancies resulting in 91,664 live births and 25,875 induced terminations. There were 7,081 infants born at low birth weight and 1,151 with congenital anomalies.

In the Medicaid program for 1997, there were 151,600 women of childbearing age. There were 30,486 pregnancies, 23,633 of those pregnancies were women eligible for Medicaid only because they were pregnant. Generally, infants born to Medicaid women remain eligible for up to one year. There were 38,926 children under one year of age accounting for \$82,133,784 Medicaid expenditures. There were 24,359 women who received family planning services with expenditures of \$2,419,492.

ELIGIBILITY

Virginia Medicaid currently provides coverage for pregnant women and infants at 133% of the federal poverty level. The women are only eligible for Medicaid benefits for 60 days postpartum. After 60 days, women whose income exceeds the categorical limits for Medicaid lose eligibility for all benefits, including family planning. This waiver allows extension of Medicaid eligibility for family planning services for two years postpartum for those women who would otherwise lose eligibility. This project will serve more than 4,000 recipients annually when fully operational.

OBJECTIVES OF THE DEMONSTRATION

- Improve access to and utilization of family planning services by women of childbearing age for whom pregnancy and delivery were paid for by Medicaid.
- Decrease the number of Medicaid paid pregnancy and deliveries, which will also reduce annual expenditures for prenatal care, delivery and newborn and infant care.
- Improve the health of women by improved spacing of pregnancy and reducing unintended pregnancies.
- Improve birth outcomes by increasing the spacing between pregnancies.
- Reduce expenditures for low birth weight, congenital anomalies and neonatal intensive care.
- Reduce teen pregnancy rates by reducing repeat pregnancies.
- Reduce abortions.
- Estimate the overall savings to Medicaid attributable to providing family planning services for two years postpartum.

FAMILY PLANNING SERVICES

Family planning services will include family planning office visits, laboratory services for family planning, education and counseling, FDA approved contraceptives, over the counter contraceptives, diaphragms, contraceptive injectables, contraceptive implants, and sterilizations.

PRIMARY CARE REFERRAL SYSTEM

Virginia has demonstrated that there will be adequate referrals and access to comprehensive primary care health services for beneficiaries in the family planning demonstration, utilizing an extensive safety net of health care providers. The state has received a letter of support from the Virginia Primary Care Association, which represents 17 FQHCs with 43 sites, as well as 17 other primary care, dental care, and specialty centers providing services to the medically underserved.

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